USE

V. S. No. 1

OCCUPA-

item of infor-

pluods

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where deeth occurred I How long in U.S. If of foreign birth?_____yrs.____mos.____ds. 2. FULL NAME If U. S. Veteran, specify WAR (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5e. If married, widowed, or divorced HUSBAND of 22. CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Month If LESS then to heve occurred on the dete steted above, at. 1 dey,____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____ min. Dete of onset 8. Trede, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased lest worked at 11. Totel time (yeers) this occupation (month and spent in this year) _____ occupation . C 12. BfRTHPLACE (city or town (Stete or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis? ----- Wes there en autopsy?___ OTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIDL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) (Stete or country) Where did Injury occur?___ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE (Address) 18. BURIAL CREMATION, OR Manner of injury Nature of injury (Address) If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WHAT V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			*

Exact statement of OCCUPA.

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

1	. PLACE OF DE	ATH ,		(92°a)
	County	Wdshingt	OH	Registration Dist. No. 302
	Village or City	Cest	oss	No. St., Ward
	Length of residence I	n city, or town where de		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	Length of residence (Tour HE	51: 1. 10 A. /	Dow',
1 2	FULL NAME	Carrelle E	Ma Ma	Draodker
	(a) Residence: No	. Cedrto	(Usual place of abode)	St., Ward. If nonresident give city or town and State
printege	PERSONAL A	AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	tem. 4.00	Shite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Jurile the word)	21. DATE OF DEATH /// 2 3 193 7 (Month) (Oay) (Yead)
5a.	If merried, widowed, or	Divorced		
	(or) WIFE of	es. Bruk	aku, dec'd.	22. I HEREBY CERTIFY, Thet I ettended decembed from
6	DATE OF BIRTH (month,	dev and veer) I	ch. 22. 1856	I lest saw h Alla alive on 11/23 1937 : death is said
	AGE Years	Months	Oeys If LESS then	to heve occurred on the dete steted above, at 1:30 a.m.
	81	9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
NO	8. Trede, profession, o kind of work do SAWYER, BOOK	ne. es SPINNER.	busework	Chromic Ludo Carditis Date of onset
OCCUPATION	9 Industry or busines	es in which		
3	work was done, SAW MILL, BAN		1 13 Tatal time (verse)	
0	10. Oate deceesed last this occupation (year)	(month and	11. Total time (years) spent in this occupetion	
-		livelal	Run, Pa.	Other Contributory Causes of importance:
12. HER	(State or country)	wn)	1 an, 14.	artirio- Merosis.
2	13, NAME	who a	uale	
FATHER	14. BIRTHPLACE (ct.)	-	7 0	Neme of operation Dete of
FA	(State or countr		klin Co., Ta.	Whet test confirmed diagnosis? Was there an autopsy?
ER	15. MAIDEN NAME	mary B	rubaker	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (city of	or town)	10. 0 A	Accident, suicide, or homicide? Oete of Injury, 19
Σ	(State or country		rklen Co., Pa.	Where did injury occur?
17.	INFORMANT	no may	Winger	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, O	R REMOVAL	1 1 22	Manner of injury
	Plec Droad	fording (ex	Oate Nav. 25, 195/	Nature of Injury.
19.	UNDERTAKER J. (Address)	M. Lining	er p	24. Was diseese or injury in any wey related to occupation of deceesed?
20.	FILEO Drave, 24	, 1927 Jane	It his wander Fieltz elenuty Registrar.	(Signed) Tolker Bluille M.D. (Address)

are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC 6 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		and the second

V. S. No. 1

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SIAIL	OF MAR	YLAND-	CERTIFICATE OF DEATH	2225
1. PLACE OF DEATH				4440
County Washington	1		Registration Dist. No.	32
Village or City Hagers		F. D.	No. Delwood Avenue St., Adeath occurred in a hospital or institution, give its NAME instead of street and	Ward number)
Length of rasidance In city or town when			ds. How long in U.S. if of foreign birth?yrsr	nosds.
			If U.S. Veteran, specify WAR	
(a) Residence: NoDelwoo	Od Avenue (Usualplace		St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White		RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH November 10, (Month) (Day)	., 193 7 (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Elenore Bi	rewer		22. I HEREBY CERTIFY, That I attended Work 4, 1937, to 2001	
6. DATE OF BIRTH (month, day, and yaar)	May 8, :	1874	I last saw h alive on Nov 10, 193	
7. AGE Yaars Months	Days	If LESS than	to have occurred on the data stated above, a 12:45Am.	
63 6	2	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importanca wara as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc	Retired	~~~~~~	nephritis che	11/2/3
work was done, as SILK MILL, SAW MILL, BANK, etc	spe	ime (yaars) nt in this spation		
12. BIRTHPLACE (city or town) Hare (State or country)	cstown		Other Contributory Causes of Importanca:	
13. NAME George M. Bi				
13. NAME George M. B1 14. BIRTHPLACE (city or town) Wash (Stata or country)	nington (County	Name of oparation Data of Was thara an	
15. MAIDEN NAME Susan 1	Bryarly		23. If death was due to external causes (VIOLENCE) fill in also tha following	ng:
16. BIRTHPLACE (city or town) Wash (State or country)	ington (County	Accidant, suicida, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Mrs. Walter (Addrass) Hagerstown			(Specify city or town, county and State Specify whathar Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ite) LACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Mc	l. Date NOV	. 12 ,37	Mannar of injury	
19. UNDERTAKER Fred W. Kra (Addrass) Hagerstown		B	24. Was disease or injury in any way related to occupation of daceased?	
20, FILED 11-12-, 1937 14	mest	Registrar.	(Signad) (Addrass) 13 6 w washing	burly

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	,
1	1. PLACE OF DEATH	92-0	
	County Mashula lon	Registration Dist. No. 2502	-
	Village or City and the Williams of the Willia	1 March 1 Starle -St. 3 W.	ard
	Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give it NAME, instead of street and number)	de
	the Comment of the		us
	2. FULL NAME COLOR CALLED	Li U. S. Veteran, specify WAR	
	(a) Residence: No.	St., Sauco Andresident give city flown and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
28.	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWID OR DIVORCED (write the world)	21. DATE OF DEATH	
Z	Pure Hall marries	(Month) (Dey) (Year)	
1 5e	If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I attended deceesed fr	rom
_	(or West of 198 a Caldwell	Oct. 27, 1937, to Movember 13, 193	
6.	DATE OF BIRTH (month, day, end year) / 2 / 895	I last sew h_ealive on	ald
7.	AGE Yeers Months Deys If LESS than 1 dey,	to heve occurred on the date steted above, at 2 100 m.	
	72 7 // or min.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:	set
NO	8. Trede, profession, or perticular kind of work done, as SPINNER	0 0 0	,
OCCUPATION	SAWYER, BOOKKEEPER, etc.	Embolism nght lease att of 10/2.	4/3
	work wes done, as SILK MUSICAL SAW MILL, BANK, etc.		
00	10. Date deceased last worked et this occupation from the this occupation than the spent in this		
	yeer) occupation occupation	Other Contributory Causes of importance:	
12	BIRTHPLACE (city or fown)		
2	13. NAME & Lange Clay Prentall	Chrone cudocardetis	
FATHER	Junian Harris	and the second	73.
FA	14. BIRTHPLACE (city or lower) with the Company (State or country)	Name of operation discussion and the state of 11/12/ What test confirmed diagnosis? Wes there an eutopsy? 16	-5-1
ER S	15. MAIDEN NAME/ AMES Smith .	What test confirmed diegnosis?	-0.
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
X	(State of country)	Where did Injury occur?	
17	INFORMANTEDA & Caldwill.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
	(Address) Haucocky my		
2 18	BURION CREMATION, OR REMOVAL ROLL ROLL ROLL ROLL ROLL ROLL ROLL RO	Manner of injury	
3 -	Mala w	Neture of injury	
19	(Address)	24. Wes disease or injury In any way related to occupation of deceased?	*****
	11-14- 27 Alest Breen	(Signed)	1. D.
20	Registrar.	(Address) Hagerstown, wile	
decemen		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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TOREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12227
1. PLACE OF DEATH	(na)
County Mashurgton	Registration Dist. No. 382
Village or City Hageastown	No. 122 Bloom Rive St. 5 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
7. 5 (0))	If U. S. Veteran, specify WAR
(a) Residence: No. 122 Bloom ave.	SV. 1.5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 1. EX 4. QQLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
tenale bolored Juglie word)	Mov (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	nov. 7 1037 to hov. 16 1037
5. DATE OF BIRTH (month, day, and yeer) Scale 18 - 1907	I last saw her eliva on 720 17 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, at
30 3 1 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc.	Clare Indiasco hove
9 Industry or business in which work was done, as SILK MILL.	me 16-37
SAW MILL, BANK, etc. 11. Total tima (years)	ening thereby accrete gastronenterities
this occupation (month and 3mo agree) this year)	Duration: three weeks. CsufeR.
12. BIRTHPLACE (city or town) Lynchburg	Other Contributory Causes of Importance:
(State or country)	Cule Delalation
13. NAME Wiley Calloway	y he and
14. BIRTHPLACE (city or then).	Neme of operation Deta of
(Slate or country)	Whet test confirmed diegnosis? Wes thera an au'opsy?
15. MAIDEN NAME Jalva Calloway	23. If deeth wes due to externel causes (VIOLENCE) fill In also the following:
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A Port Go	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 12.2 Bloom and	The second many seconds in invosers, in nome, of in robeto reade.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Bleefre Challer date NOV . 17 , 1937	Neture of injury
19. UNDERTAKER dun baldwell	24. Was disease or injury in any way releted to occupation of deceased?
11 12 3 langestingeren	If so, specify a.B. Wilson M.D.
20. FILED	(Address) 2-43 n. Jonathan At

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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DEC 6 1937			
Other contributory causes of importance: V. S.	The state of the s	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

state of OCCUPA-

	F MARY	LAND-	CERTIFICATE OF DEATH	12228
Village or City Hagers		(H	Registration Dist. No. ngtwon County Hospital St., death occurred in a hospital or institution, give its NAME instead of street and	
	m Coffin	barger. Va.	ds. How long in U.S. if of foreign birth?	V
PERSONAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRI OR DIVORCED Singl	ED, WIDOWED, (write the word)	21. DATE OF DEATH NOV (Month) (Day)	, 193 ⁷ (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 25 1	Sept 29 Days	If LESS than 1 day, hrs.	to have occurred on the date steted above, at	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	abor		Rupture of Pelisis (Puts) Rupture of Bladder Littemal Hemorrhage	HOV: 10
year)	11. Total tim spant occup:	ation	Other Contributory Causes of importance:	
	offinbar	cer.	/	
T	esvill,	861	Name of operation aparo toning Date of What test confirmed diagnosis? Asatron Was there an	ON 2 TE
Ber	llie Con kley Cou Va•	ley.	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? We get to Date of Injury occur?	
17. INFORMANT William Cof (Address) Martinsbu			Specify city or town, county and Sta	ie) ACE,
18. Burtal, cremation, or removal Place Tomma hawk W. Va			Manner of injury Surtonworle Acred Nature of Injury Surprise of blasses fronting	a likum
19. UNDERTAKER Ho ward (Address) Martins		, Va .	24. Was disease or injury in any way related to occupation of deceased?	wo.

Registrar.

(Signed).

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis - TIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitual kephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEO 6 1937	July 5,1927	Peritonitis	3 days ago
program V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallitones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis = 1008	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	
•			3 9 9 9 1 2 1

V. S. No. 1

of OCCUPA-

STATE O	F MAR'	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH			(F2) 1/
County Washington	ייר זיר לי במסת "לי מל זיר	gp	Registration Dist. N
Village or City Hagersto Length of residence In city or town where de	٦		No. 721 Washington Avenu death occurred in a hospital or institution, give its NAME insteaded. ds. How long in U.S. If of foreign birth?
2. FULL NAME Mary Lee (a) Residence: No. 721 Wash		Avenue	
PERSONAL AND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF
3. SEX 4. COLOR OR RACE Female White		RIED, WIDOWED, O (write the word) . ed	21. DATE OF DEATH November
5a. If married, widowad, or divorced HUSBAND of John Nath	an Coll	is	22. 9 HEREBY CERTIFY, Th
6. DATE OF BIRTH (month, day, and year)	t. 25,	1908	I fast saw han alive on 11-6-57
7. AGE Yaars Months 29	Days 15	If LESS than 1 dey,hrs. ormin.	to heve occurred on the date stated above, a 5 : 30 A m The PRINCIPAL CAUSE OF DEATH and related causes of Imwere es follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	sper	ma (years) it in this	Primary cancer of the breast.
12. BIRTHPLACE (city or town) Martin (State or country) W. Va.			Dther Contributory Causes of Importance:
# 13. NAME Lee J. Mauck			
13. NAME Lee J. Mauck 14. BIRTHPLACE (city or town) Front (State or country)		~~	Name of operation
置 15. MAIDEN NAME Anna Cul	lers		23. If death wes due to extornal causes (VIOLENCE) fill in eis
15. MAIDEN NAME Anna Cul 16. BIRTHPLACE (city or town) Page (Stata or country) Va.	County		Accident, sulcide, or homicide? Date of Where did injury occur?
17. INFORMANT John N. Col (Address) Hagerstown	lis , Md.		(Specify city or town, Specify whether Injury occurred in INDUSTRY, In HOME, or
18. BURIAL, CREMATION, OR REMOVAL Place Martinsburg. W		v.//,19.37	Manner of injuryNature of injury
19. UNDERTAKER Fred W. Krai (Address) Hagerstown		do	24. Wes disaese or injury in any way related to occupation of

(55) V	Registration	n Dist. No.	302
No. 721 Washin eath occurred in a horpital or institut ds. How long In U.S. If of		ME instead of street and	
If U. S. Veteran,	specify WAR		
St., Ward.	If nonreside	nt give city or town an	nd State
MEDICAL CI	ERTIFICAT	E OF DEATH	
21. DATE OF DEATH			
	Novem)	per 9,	(Year)
22. 9-20-37 I last saw h a alive on to heve occurred on the date state	19 10-1	That I attended to the standard of the standar	decaased from , 19
The PRINCIPAL CAUSE OF DEAT		uses of Importance	
were es follows:			Oate of onset
	4	ned.	In 1937
Other Contributory Causes of Impo	rtance:		
Methodie			10.1-37
Name of operation	*******	Date of_	
Whet tast confirmed diegnosis?		Wes there an	autopsy?
23. If death wes due to extornal cau	ses (VIOLENCE)	fill in eiso the followi	ng:
Accident, sulcide, or homicide?		_ Date of Injury	, 19
Where did injury occur? Specify whether injury occurred in	(Specify city 1 INDUSTRY, In I	or town, county and St HOME, or in PUBLIC P	nte) PLACE.
Manner of injury Nature of injury			
24. Wes disaese or injury in and w	ay related to occ	upation of deceased?	
If so, specify (Signed)	1 life	7	M. D.
(Addrass)			

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	Za.	46-E	7
Village or City Man	ruthling (1	No	egistration Dist. No
2. FULL NAME CAME	e mais Differs	lal. If U. S. Veteran, specif	MI.
(a) Residence: No.	(Usual place of abode)	St., Ward.	nonresident give city or town and State
PERSONAL AND STATI	STICAL PARTICULARS	MEDICAL CERT	FICATE OF DEATH
Levrele White,	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	7). /6 ,1937 nth) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	-		ERTIFY, Thet I attended deceesed from
6. DATE OF BIRTH (month, day, end yeer)	October 5- x56k	I last saw harmelive on	7, to 2007 (6, 1937; deeth is sa
7. AGE Yeers Months	Days If LESS then 1 dey,hrs. ormin.	to heve occurred on the date stated abov The PRINCIPAL CAUSE OF DEATH and were as follows:	
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	"Housekeepen!"	Canal by	Obstruction ma
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	11. Totel time (years) spent in this occupetion	leden (lef)	7/ //
2. BIRTHPLACE (city or town) - Market (Stete or country)		Other Contributory Canses of Importence	
1 0 10	Gerdal.	-	
13. NAME Samule Dy 14. BIRTHPLACE (city or town) (State or country)	ayland,	Neme of operation	Oate of
15. MAIDEN NAME Margare 16. BIRTHPLACE (city or town)	Hawk.	23. If deeth wes due to external ceuses (V	
16. BIRTHPLACE (city or town) (Stete or country)	ayland,	Where did injury occur?4	Date of injury, 19
(7. INFORMANT / Please MO (Address) Swithsh	ug md	Specify whether injury occurred in INOU	STRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Plece Smithing Cus	Dete 140.18 ,1937	Menner of injury	
19. UNOERTAKER Courad 7 (Address) Swiths	uneral Home	24. Was diseese or injury in eny way rela	ited to occupation of deceesed?
20. FILEO Nov- 18, 1937	Shoff terguson	(Signed)	of la . M

stated EXACTLY. properly classified. FOR BINDING See instructions on back of certificate ARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

should state

PHYSICIANS

Exact statement of OCCUPA-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	5	Example II	47 013 3
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 7 131	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MADVI AND—CEPTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Washington, The	Registration Dist. No. 362
Village or City Hagerstown	No. 402 Elizabeth St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Still Born Child Dofflen	nyer, If U. S. Veteran, specify WAR
(a) Residence: No. 402 Elizabeth St. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH November 23 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERT FY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 23, 19 3 7 7. AGE Years Months Days If LESS than	I last saw h aliva on, 19; death is said to have occurred on the date stated above, at m.
Still Born 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca wera as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Stres for
work was done, as SILK MILL, SAW MILL, BANK, atc	The Year
yaar) occupation 12. BIRTHPLACE (city or town) Hagers town • (State or country) Md	Other Contributory Causes of importance:
当 13. NAME Jennings Dofflemyer	
13. NAME Jennings Dofflemyer 14. BIRTHPLACE (city or town) (State or country) Va.	Name of oparation Data of What test confirmed diagnosis? Was there an autopsy?
置 15. MAIDEN NAME Fredia Reese	23. If daath was due to axternal causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Fredia Reese 16. BIRTHPLACE (city or town) (State or country) Md.	Accidant, suicide, or homicida?
17. INFORMANT Jennings Dofflemyers. (Address) Hagerstown,	(Specify city or town, county end State) Specify whethar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Cemetoste Nov 24, 1937	Mannar of Injury
19. UNDERTAKER Fred W. Kraiss. (Address) Hagerstown	24. Was disease or injury in any way related to occupation of deceased?
20. FILED /1-24-, 1937 Maffil Success Registrar.	(Signed) (Address flow and Care Mid)

V. S. No. 1

B. ż

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DEC 6 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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state

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	TRial -
county Mashington	Registration Dist. No. 30 Z
Village or City Hayex stown	No. Madison Are St. 2 Ward
H (If death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foralgn birth?yrsmosds.
	If U. S. Veteran, specify WAR
(a) Residence: No. 65 VM CL 150 A V C (UsusIplace of abode)	Stry 2 Ward. is lf nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Female White Widow-	(Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Solm. W-	19, to
6. DATE OF BIRTH (month, day, and year) Sens 17 - 1858	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 930 Pm.
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causas of Importance
i or min.	ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housew: S-e	
9. Industry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, atc	
10. Date decessed last worked at this occupation (month and spent in this occupation (month and	
this occupation (month and year) The spent in this our vs -	
12. BIRTHPLACE (city or town) Ci YU; QW	Other Contributory Causes of Importance:
(State or country) C.	
# 13. NAME Ed. Baker.	
13. NAME 7 d. Baker- 14. BIRTHPLACE (city or town) Fairvious	Name of operation Data of
(State or country) md.	What tast confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME NO Record	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME NO Re cond	Accidant, suicide, or homicide? Cocadent Date of Injury Nov. 28 1939
Stete or country) \\ \\	Whare did injury occur? Torne 65 Mardison ave.
17. INFORMANT Mr. E. G. Murgan	(Specify city or town, county and State) Specify whathar Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Hagerstom, md.	
18. BURIAL, CREMATION, OR REMOVAL NO	Manner of injury Hell down stairs at Come
Place Droud Strainy Dan W 31 , 193 7	Neture of injury
1. Day 24. Day 24. Day	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hagerstown, ma	If so, spacify
11-29- 27 64, HB muchs)	(Signal) Co. Coderoud (Coura astery Boronce M. D.
20. FILED // 192 / Resistrat.	(Address) Hagentown Mich

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Chronic interstitial nephritis -	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DEC 6 1937	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

E. JAD. Every item of infor-PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT RE upplied. AGE should be stated EXACTLY.

ARGIN RESERVED FOR BINDING

Exact statement of OCCUPA.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

nation should be carefully supplied.

WRITE PL

STATE OF MARTEARD	CENTIFICATE OF DEATH
1. PLACE OF DEATH	(19)
county Vlashinaton	Registration Dist. No. 302
Village or City + Q Q Q V S + D um	Notae Hosieru Ca & Z Word
	If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred yrs	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMES lenn Lewis Eiche	berguelf U. S. Veteran, specify WAR
(a) Residence: No. 139 VV. Wash; ps ton	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male White Married	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of Margaret	22. HEREBY CERTIFY, That I attended decaasad from
S 010+ 24-1071	I last saw h. A. alive on A. T. alive on 19.3 Ideath Is which
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Years Months Deys If LESS then	I last saw h./ 4 - alive on
1 day,hrs.	
8 Trede, profession, or particular	were as follows:
Nind of work done, as SPINNEL Watch Manager Book KEPPER, etc	The state of the s
9. Industry or business in which	Joshong Janton 119
kind of work done, as SPINNEL Y atchman SAWYER, BOOKKEEPER, etc Y atchman 9. Industry or business in which work was done, as SILK MILA as Hoose SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and spent in this occupation).	
4020000	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of No Puti: 1 20
	- Chronic de de de de la constante de la const
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Clay & R.
14. BIRTHPLACE (city or town) + Tau cu du (Stata or country)	Name of oparation
	What tast confirmed diagnosis? Was there an autopsyl- Q
15. MAIDEN NAMES alrell hew; s. 16. BIRTHPLACE (city or town) - O. u. d. gs.	23. If death was due to axtarnal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) - Q LL Q Q M	Accident, suicida, or homicide?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Where did injury occur? (Specify city or town, county and State)
17. INFORMANTY SS 12 MOTHY FICHEL DETGEY	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass) Hay Ey Stoun. Mills. BURIAL, CREMATION, OR REMOVAL	
Placet Q alex Stown Wooden 1x 14 137	Mannar of Injury
CO CC	Neture of injury
19. UNDERTAKER TIN COSSMALL	24. Was diseasa or injury in any way related to occupation of deceased?
(Addrass) Hagerstoum my	If so, specify
20. FILED /1-13-, 1937 (May 1726cvers),	(Signad) JOHN STER COLOR
D	(Address) Interest of a street of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis FO 6 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
V. S. II				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

	OF MARYLAND—	CERTIFICATE C	F DEAT	Ή	122
1. PLACE OF DEATH	, ,	(13)		7	
County Wash	ington		Registration Dis	t. No.	06
Village or City	the burg	No.		St.,	1
Length of residence in city or town where	deeth occurred yrs & Lifes	death occurred in a hospital or institution. How long in U.S. if of f	oreign birth?	stead of street and	number)
2. FULL NAME	i 1 Som	1- 20m/ S/1	s m am	D	
(a) Residence: No. Mu	1 200	St. Ward.	Esed	4	
(a) Nosidence. No.	(Usual place of abode)	Su,waru.	If nonresident give	cily or town and	State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CE	RTIFICATE C	F DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	had	50	n
male white	Widowed		(Month)	(Dev)	_, 193
5e / If married, widowed, or divorced HUSBAND of	7			-1	`/
(or) WIFE of Jours a	Marker	22. IHEREBY	33	No ()	deceased
6. DATE OF BIRTH (month, day, and year)	June 19.18.17	I last saw h. cell alive on	No	129.193	death l
7. AGE Years Months	Days II LESS than	to have occurred on the date stated a	h t . 1	9.m.	7, 000111
83 50	20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH	end related causes o	f Importance	
8. Trade, profession, or particular kind of work done, as SPINNER,	7 2 /	0			Date of
SAWYER, BOOKKEEPER, etc	Tarmer	Cardio Vas	cular	Reuo	1
Industry or business in which work was done, as SILK MILL,	Oun				
O 10: Date deceased last worked et	1 11. Totel time (yeers)	Disease -	Myou	arde	2/
this occupation (month and / 0//	spant In this 32	+aclur E	dillas	aleas	
12. BIRTHPLACE (city or town) M. W	u Ossille	Other Contributory Causes of importe	nce:		
(State or country)		Devilito-	1-1-10	Seleva	
II 13. NAME Hanied	10. Harman	Aortie IVal		The same of the same of the	as
13. NAME Land	ennile	Name of operation			1
(State or country)	mo	What test confirmed diegnosis?			
15. MAIDEN NAME Many	Dutrow	23. If death wes due to external causes			
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or county)	ersnille	Accident, suicide, or homicide?	V		
∑ (State or country)	ma	Where did injury occur?			
17. INFORMANT GOOGL	Jaman	Specify whether injury occurred in It	(Specify city or tow IDUSTRY, In HOME,	or in PUBLIC PL	ACE.
(Address) metho	burg mg				
18. BURIAL, CREMATION, OR REMOVAL	dua Dec 1 27	Menner of Injury	X		
21. Voluto comot fall fr	Date (195)	Nature of injury	1	(0)	
19. UNDERTAKER	Bittle + Son	24. Wes disease or injury in any way	related to our prior	deceased?	
(Address)	will md	If so, specify	+11/1	1-1-	
20. FILED NAC 5 , 1937 091	roft terguson	(Signed)	(AX	gless	
&	Registrar.	(Address)	adull.	10 5 3 6.0	V SV

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	Angelia C. Antonio and C. Company an	Example II		
The principal cause of death and related of importance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH .	82-2
County Washington	Registration Dist, No. 433
Village or City Mangendaville	No Memorite Old Cooles How Ward death occurred in a horpital or institution, give its NAME Inhead of street and number
	ds. How long In U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Mary Geisberger	If U. S. Veteran, specify WAR
(a) Residence: No. 6 Queller 3 (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of Robert Gersberger	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) 200 18, 1856	i last saw alive on; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
8 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, House Work SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and spent in this spent in this	Cueled Nommaliae
9. Industry or business in which work was done, as SILK MILL, A Howe	
SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) lutanown (Stata or country)	
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
Ξ	23. If death was due to extarnal causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mr albert C. Helmich	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Thomas W. Va Date How 8 103	Nature of injury
19. UNDERTAKER Jacol Haler:	24. Was disease or injury in any way related to occupation of deceased
(Address) Cumberly and	If so, specify
20. FILED / - 6 - , 1937 Mast 1 Joeces	(Signed) M. D.
Registrar.	(Address)
As more blanks are needed, address State Registrar,	2411 N. Charles Street, Balismore Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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Example I	and the same of	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DEC 6 1937				
Other contributory causes of importance: V. S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AD. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE ARGIN RESERVED FOR BINDING WRITE PLANTY, WITH

V. S. No. 1

Dr. Victor miller

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

1. PLACE OF DEATH	92-0
Village or City A agristom	Registration Dist. No. No.Blue Ridge Frame Co. Sans St.; Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Hugh Washington Ha	nemous f the Votoran, specify WAR
(a) Residence: No. 1 (6 3) Surman and (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If marriad, widowed, or divorced	21. DATE OF DEATH // 3 , 193 7 (Year)
HUSBAND OF (or) WIFE of Sadie Flammond	22. I HEREBY CERTIFY, That I attanded decassad from 11/3 1937 fo 11/3 1937
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Days I day, hrs. Or min. 8. Trede, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Note that the series of the	I last saw h alive on August 1937, 1937; death is said to have occurred on the date stated abova, at / S. m. The PRINCIPAL CAUSE OF DEATH and raisted causes of Importance ware as follows: Data of one at
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9:Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Dafe deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. BIRTHPLACE (city or town) (State or country) 14. Contact of the contact	Other Contributory Causes of Importance:
13. NAME Thomas Danmond	
13. NAME January Danmond 14. BIRTHPLACE (city or town) (State or country) Trging	Name of operation
15. MAIDEN NAME (City or town) Marlinghus (State or country) (U & S. C.	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
19. UNDERTAKER DUS - Dast YSoy (Address) 20. FILED / - 4-, 1937 Alles House SK Registrar.	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 200 If so, specify (Signad) (Address) (Address) (Address)
Regular.	(Marios)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	ii	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEC & 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLA

V. S. No. 1 N. B. state

should

See instructions on back of certificate. dN is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	2	2	3	8

1. PLACE OF DEATH	159-0
County Washington	Registration Dist. No. 302
Village or City	No. Keuley Farmel St 3 Ward
N, (1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred days	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME for any Hawle	THE U.S. Veteran, specify WAR
(a) Residence: No.	st., 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
Almah White Single	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Single	17
6. DATE OF BIRTH (month, day, and year)	I last saw here alive on Sex 1 18 1937; deeth is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profassion, or particular	were as follows:
Rind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Hadres on he has a Claster to 6/12
9 Industry or business In which	Hydrocog by Isio - Old Texe tire 6/4/21
work was done, as SILK MILL, SAW MILL, BANK, atc.	
apont in this	
year) occupation	Other Coatributory Caases of Importanca;
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME H Warthplace (city or town) H Career land	
14. BIRTHPLACE (city or town) - La cageration	Neme of operation Date of
(State or country)	Whet test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Destrude Willeman	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
State or country) Washington, Can made	Where did Injury occur?
17. INFORMANT & D. Haudhan	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Hayerton ma	
18. BURIAL, CREMATION, DR REMOVAL	Mannar of Injury
Placa Date 1 MV . O.1, 193	Nature of Injury.
19. UNDERTAKER ITU A + SOL	24. Wes disease or injury in any wey related to occupation of deceased?
(Addrass)	If so, specify
20 FUED // - 8 - 193) lonas 1 20000	(Signed) Or Oslyn J. M.D.
Registrar.	(Address) (d.9. W. (Norting) part phi

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915		
	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis 2	3 days ago
M 1 1000	Other contributory causes of importance:	
May 1,1923	Gastroenterius	1 year
		Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		82-0	
County Markyng low	************	Registration Dist. No.	
Village or City Alexelysbu	9	No. St	War
Langth of residence in city or town where death of	Fred 3 vre mo	If death occurred in a horpital or institution, give its NAME instead of street and s. How iong in U.S. if of foreign birth?yrs,	d number)
(1) 011	41 11	- //	mosd
2. FULL NAME CHINA. YPY	y, Houng	errond	
(a) Residence: No.	sual place of abode)	St., Ward. If nonresident give city or town or	
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	ad State
3. SEX 4. COLOR OR RACE 5. SING	LE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Female state	LIVORCED (write the word)	Nov 20	193
ia. If married , widowad, er divorced		(Month) (Day)	(Yaar)
HUSBAND of Cory WIFE of Long Constitution of Cory WIFE of Long Constitution of Cory Wife Constitution of Const	nasmoth	22. I HEREBY CERTIFY, Thet I ettender	d deceesed from
7-27-1865-	ngswork	1100 15 ,1937, to 20	19.3/
5. DATE OF BIRTH (month, day, and year)		I last saw h 22 aliva on 112 20, 1987	; daath is sai
	Days II LESS than	to heva occurred on the date stated above, at	
72 3 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca were as follows:	12.
8. Trade, profassion, or perticular kind of work done, as SPINNER,		Marshal Honors and	Date of onest
SAWYER, BODKKEEPER, etc.	ue-		190
kind of work done, as SPINNER, SAWYER, BODKKEPPER, etc. 9. Industry or business in which work was done, as SILIK MILL, SAW MILL, BANK, atc. 10. Date dacaased lest worked et		Generalized Gelout	(13)
SAW MILL, BANK, atc	1 Total time (versa)	(6,1,1)	1921
this occupation (month and yaar)	1. Total time (years) spent in this occupetion	092000	1700
100	· ·	Dther Contributory Causes of importance:	
(State or country)			
1 00 1 1	11		
13. NAME Xeeler. Bur	allast.		
14. BIRTHPLACE (city or town) Caceloc	ou;	Nama of oparetion Dete of	
(State or country) Wash as	med	What test confirmed diagnosis? Was there an	eutopsy?
15. MAIDEN NAME Elizabeth	Trouse	23. If death was dua to external causes (VIDL ENCE) fill in also tha following	ng:
16. BIRTHPLACE (city or town) Pary town		Accident, suicide, or homicide? Date of injury	19
(State or country) task las	sus .	Where did injury occur?	
7. INFORMANT My Large Be	whileast	Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate)
(Address) Suutlisburg	mol		
8. BURIAL, CREMATION, OR REMOVAL	1	Manner of Injury	
take leng Centry Date	1937	Nature of Injury	
9. UNDERTAKER LSEV. 13. K	oour.	24. Was disaase or injury in eny way raleted to occupation of daceased?	
(Address) Junely Copy	mil	If so, specify	
mm-22 27 Phot	1-9	(Signed) G G S	ge 1
20. FILED / 19.3 / 19.3 /	Lacal Registrar.	(Address)	,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

stated EXACTLY. PHYSICIANS snoun stated EXACTLY Exact statement of OCCUPA-

JRD. Every item of infor-

UNFADING INK-THIS IS A PERMANENT R

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied. NLY,

-WRITE PL

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	N 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	andrew V. S	July 5,1927	Peritonitis	3 days ago
		1 9	•	
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

STATE OF MARYLAND—CERTIFICATE OF DEATH should state

Exact statement properly classified. certificate. should be See instructions on back of USE OF DEATH in plain terms, so that it may mation should be carefully PION is very important.

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	95-6	
County Washington	Registration Dist. No. 302	
Village or City Hageistown	No. 266 S. Prospects. 2 Was	
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. If of foreign birth?yrsmos6	
2. FULL NAME Mary M. Howa	and If U. S. Veteran, specify WAR	
(a) Residence: No. 266 S. Frosked (Usual place of abode)	St., 2 Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Female white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (100) 29 th (193.7 (Year)	
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of . Single	22. I HEREBY CERTIFY. That I attended deceased from 1987, to 1989, 1989	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs ormin.	to have occurred on the date stated above, at	
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Parelo vascular disease -	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased lest worked at this occupation (month and	anterio ocleration	
O 10. Data deceased lest worked at this occupation (month end year)		
12. BIRTHPLACE (city or town) — Florida	Dthar Contributory Causes of Importance:	
13. NAME George W. Howard		
13. NAME George W. Howard 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Whet test confirmed diegnosis? Wes there an autopsy? His	
15. MAIDEN NAME July A. Myer	23. If deeth was due to external causes (VIDLENCE) fill In also the following:	
15. MAIDEN NAME July A Myer 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?	
17. INFORMANT Mrs John Beckenbergh (Address) Sharpsburg, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Hageislown Date 1 ,193	Mennar of Injury	
19. UNDERTAKER 6 - M. Suter & Sons (Address) Hagesstown md.	24. Was disease or injury in any way releted to occupation of deceased?	
20. FILED. 1/- 30-, 1937 Charf Bowl	(Signed) S.T. Co-ple (1) M.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	0.00	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Guisiones	Wag1,1825	(Tastional We	1 year
And the second s			

ADDITIONAL SPACE FOR FURTHE	R STATEMENTS BY PHYSICIAN
-----------------------------	---------------------------

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	148
County Wceshington	Registration Dist. No. 30 Z
Village of City Hager Stown-	" Baida to
(1	f death occurred in a hospital or infaitution, rive its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME MYS Alice C. Hull	If U. S. Veteran, specify WAR
(a) Residence: No. Dridge ont	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH \\(\superprescript{\gamma}\cdot\). \(\superprescript{\gamma}\cdot\).
· · · · · · · · · · · · · · · · · · ·	(Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	22. IN I HEREBY CERTIEX. That I attended deceased fro
(or) WIFE of au.	Nov. 25 1931 to Nov. 25 103
DATE OF BIRTH (month, day, and year)	I last saw h aliva on Two. 25 1931 death is so
AGE Years Months Days If LESS than	to have occurred on the data stated above, at 3.P. m.
39 10 — 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importanca were as follows:
8 Trade profession or particular	Date of ones
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ucute delation of heart 11/2
9. Industry or business in which work was done, as SILK MILL.	(puer peral)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at his securation (month and	Documed of mours after normal
10. Date deceased last worked at this occupation (month and year) - 103	delivery of normal child at term
1100	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) LUY SYDY: ng (State or country)	
	Mirme mys circula 3
10. HAME VIGATER CTAYIS.	
13. NAME VV alter Clark 14. BIRTHPLACE (city or town).	Neme of operation
	What test confirmed diagnosis?
15. MAIDEN NAMEY navagares 13104ex-	23. If death wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Caract Bloyer - 16. BIRTHPLACE (city or town) Clears grows (Stete or country)	Accident, sulcide, or homicide?
(State of country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT & GULL 2. HULL.	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL CREMATION, OR REMOVAL	
Place St Pauls Can Date Nor 28 1937	Manner of injury
1201	Nature of injury
19. UNDERTAKER H. (Address)	24. Was disease or injury In any way related to occupation of deceased?
(number) Tracky stoum, ma	If so, specify
20. FILED /1- 2/-, 1937 Delletty Gowest	(Signed) M.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

14/1/11

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis FC 6 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Y . N . 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	May .
Gallstones	May 1,1923	Gastroenteritis	1 year

should

3. SEX

7. AGE

OCCUPATION

MOTHER

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City tta a exstou (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred mos.____ds. How long in U.S. If of foreign birth?_____yrs.____mos.___ 2. FULL NAME INC. If U. S. Veteran, specify WAR If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) O Way (Month) (Year) 5e. If married, widowed, or divorced HUSBAND of 22. That I attended deceased from (or) WIFE of nn. 6. DATE OF BIRTH (month, day, and yeer) death is said Months Days If LESS than to have occurred on the date stated above. 1 dev.____hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. Date of enset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc..... 9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) spent in this occupation 30 In Date deceased last worked at this occupation (month as (State or country) Name of operation. (State or country What test confirmed diagnosis?_ 23. If death was due to external causes (VIOLENCE) fill in also the following:

HER FAT

16. BIRTHPLACE (city or town) (Stete or country)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

Accident, suicide, or homicide?

Where did injury occur?...

24. Was disease or injury in env wey related/to occupation of deceased if so, specify

Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.

Date of Injury 19

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore Poquesting V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 6 1901	July 5,1927	Perilonitis	3 days ago
5.1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			The second

PHYSICIANS should state ORD. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.-WITTE

MARGIN RESERVED FOR BINDING

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
county Washington	Registration Dist. No. 302
Village or City Hagex Stown	No. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(I) Length of rasidanca in city or town whare death occurredyrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
	If U. S. Veteran, specify WAR
(a) Residence: Np. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. ng/e	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	
(or) WIFE of	22. HEREBY CERTIFY that I attended decaased from
D 102 1	JU 3- 137, 10 //2 3- 193?
6. DATE OF BIRTH (month, day, and year) Sec 14-193 7. AGE Years Months Days If LESS than	I last saw bearing alive on to have occurred on the data stated above, at 4 30 Pm.
5- // // I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	wara as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	A HIMIL
	(Ku, Julianis / fighers 1 min)
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
yaar) occupation	Dther Coatributory Causes of importanca:
12. BIRTHPLACE (city or town) Hager Stown	Direct Contributory Causes of Importanca.
(State or country) md	
II 13. NAME Charles E Jones -	
11. BIRTHPLACE (city or town). Hagerstown	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Anna L. Lewis.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Woods to che	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did Injury occur?
17 INFORMANT Charles E. Fones	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Hagerstom, md	
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Placa Hay exstour, U.D. Data Mry 5, 1937	Nature of Injury
19. UNDERTAKER 12. 15. Cost man	24. Was disease or injury in any way ralated to occupation of deceased?
(Address) Hag ystown md.	If so, specify
20. FILED / -5-, 193 / StaffBowers Registrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
The state of the s			4 4 4 1
Other contributory causes of importance:		Other contributory causes of importance:	- H-H-13
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

don should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-AD. Every item of infor-UNFADING INK-THIS IS A PERMANENT RI MARGIN RESERVED FOR BINDING ION is very important. See instructions on back of certificate. WRITE PLA

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County INashungton	Registration Dist. No. 302
Village or City 17 ag 1- nls town	606/ Them ave st 5 Ward
7 · / (If	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sarah Jan & Kee	
1110	If U. S. Veteran, specify WAR
(a) Residence: No. 6 (New Osual place of abode)	St., S Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SET 4. COOR OR RACE 5. ANGLE, MARRIED, WIDOWED, CONTROL OF CONT	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of le laggell 1 Pee	(lug 1 1937 to lov. 19 - 1937
6. DATE OF BIRTH (month, day, and year) 5 - 6-18 79	I last saw h. 2 ative on 100 19 19 37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at
58 6 13 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8-Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hypotherine & Arthurschool Hart Milase
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	on porterson
SAW MILL, BANK, etc	H Bioclasso
10. Date deceased lest worked at 8-/8-/9-3 5. Spant in this year)	in .
12. BIRTHPLACE (city or town) Mt Holley Springs	Other Coutributory Causes of importance:
(State or country) Pelin.	1 seus
13. NAME Frisby HINTEN	
14. BIRTHPLACE (city or town) Sharpsburg	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME Mary 1100 E	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary 1900 E 16. BIRTIIPLACE (city or town) M + HOLLEY PEKK.	Accident, sulcide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT CLAGGETT W. KLE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BYRIAL, CREMATION, OR REMOVAP	Manner of injury
Korafall Cemely Date 11-11, 1937	Nature of Injury.
19. UNDERTAKER IN Coaldinel	g4. Was disease or injury in any way selated to occupation of deceased?
(Address) Hay 5370 WWM	If so, specify
20. FILED 11-21-1937 6 hast 150000	(Signed) Mulip / Milliam M.
Registrar.	(Address) 1 Holgs Storm lad

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.-The number of years the deceased followed the occupation.

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Example 1		Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	\$ 2 Emer & 10 P	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 6 1837	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.	1 1		
Other contributory c	auses of importance:	B	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroentcritis	1 year
			CONTRACTOR OF THE PARTY OF THE	

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred Sure If U. S. Veteran, specify WAR. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATER 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sa. If married, widowad, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Years Months Days to have occurred on the date stated above, at ______m. 1 dayhrs. or Jack J. min. 5 8. Trede, profession, or particular CCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.___ Jo back 9. Industry or business In which work was done, as SiLK MILL, SAW MILL, BANK, etc..... 10. Date daceased last worked at on 11. Total time (vaars) this occupation (month end spent in this year) _____ occupation _____ instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town (State or country) OTHER important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) Where did Injury occur?___ 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Neture of Injury NOIL (Address) If so, specify (Signed)

Registre

CERTIFY. That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Was disease or injury In eny way related to occupation of daceased?.... If wore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. G.	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

	em of infor- should state f OCCUPA.
3	ORD. Every it HYSICIANS t statement o
MARGIN RESERVED FOR BINDING	IANENT RECACTLY. Passified. Exac
D FOR BIN	IS IS A PERNoe stated EX be properly close certificate.
RESERVE	NG INK—TH AGE should b that it may b ions on back o
MARGIN	TH UNFADII ly supplied. lain terms, so See instructi
	HARDER PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infornation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1	N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infornation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH .	CERTIFICATE OF DEATH
County 1 Tashmalon	Registration Dist. No. 3 //
Village or City Lighty willow Lab	Ab. (St., Ward reach occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	
2. FULL NAME Trifaul of Lohn	Zawis
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
112-14-37	I last saw here alive on 1937, to Nov-63, 1937; death is said
6. DATE OF BIRTH (month, day, and yet) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Glematine finth
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Totel time (years)	
SAW MILL, BANK, etc	
this occupation (month end spent in this occupation occupation	
Lappaus Vear Jilater autor	Other Contributory Causes of importance:
(State or country)	
13. NAME LOWE LESSVIS	
14. BIRTHPLACE (city or town) Williams Port	Name of operation
(State or country), (State	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Alling Ridgen our 16. BIRTHPLACE (city or town) Driver villy (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Driver ville	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Wash 2.5 md	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ATTUR Lawre	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Plece Manor Am Date 11 = 1 40, 1937	Manner of Injury
19. UNDERTAKER S. G. Surran & Co	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) Karaly by Elect MAC	If so, specify
20. FILED / 61. / 6 1937. A. A. M. M. Registrot.	(Signed) Winder M. D. (Address) Winder M. D.
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
, y, 5.	18		
La	- second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

1. PLACE (OF MARYLAND—	-CERTIFICATE OF DEATH	224	
	Nashington		137-0	5 -	
Village or	City Hagersto	(1	Registration Dist, No. No. 13.0 St., f death occurred in a horpital or institution, give its NAME instead of street and number s. If U. S. Veteran, specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) 193 (Worth) (Day) 1 lest saw harmalive on 19 death to have occurred on the date steted above, et 3.3 m. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows: Date Other Coatributery Causes of Importence:		
2. FULL NA	AME John Th		If U. S. Veteran, specify WAR		
PERSO	NAL AND STATIST	ICAL PARTICULARS			
3. SEX Male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH	193 J	
5a. If married, wido HUSBAND of (or) WIFE of	Baby		22. I HEREBY CERTIFY, Thet I ettended de		
	(month, dey, end yeer) No	Deys If LESS than 1 dey,	to have occurred on the date steted above, et		
SAWYE 9. Industry or work w SAW M 10. Dete decea	lession, or perticular work done, as SPINNER, R, BOOKKEEPER, etc	Baby 11, Totel tima (yeers) spent in this	Intent Toroner Wale	//-5	
yeer) _	city or town) Hagers untry) Marylan	occupetion	()	1/5-	
	Daniel W Li CE (city or town) Was or country) D C	nkin hington	Neme of operation	oneu?	
16. BIRTHPLAC	or country) Md.	liasport,	23. If deeth was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	, 19	
	Daniel W L 130 Elm St.	inkin Hagerstown Md.		E.	
Place R j	iverview Cem	Dete Nov. 6 ,1937	Menner of Injury		
f9. UNDERTAKER (Address)	Edith V Lea	f. Md. //	24. Was disease or injury in any way related to occupation of deceased?	-0	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

(Address)

Registrar.

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE PL

V. S. No. 1

STATE OF	MARYL	AND-CER	TIFICATE	OF	DEATH
----------	-------	---------	----------	----	-------

EATH	12249

1. PLACE O	F DEA	ТН			46-OV
County	Washi	ington			Registration Dist. No. 30 Z
Village or 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				No. 621 Salem Avenue St., S Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of resi	idence in ci			yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NA		Ezra I.			If U. S. Veteran, specify WAR
(a) Residen	ice: No	621 Sal	em Aven	ue	St., St., Ward. If nonresident give city or town and State
PERSON	IAL AN	D STATISTI	CAL PARTI		MEDICAL CERTIFICATE OF DEATH
3. SEX Male		r or RACE		RIED, WIDOWED, O (write the word) E d	21. DATE OF DEATH November 28 , 193 7 (Month) (Day) (Year)
5a. If married, widow HUSBAND of (or) WIFE of		Long			22. I HEREBY CERTIFY, That I attended deceased from Curp. 21, 1937, to 28, 1937.
6. DATE OF BIRTH	(month. day	v. end year) Al	ugust 11	, 1876	I last saw here alive on nov 1 20, 1937 death is said
7. AGE Yes		Months 3	Days 18	If LESS than I day,hrs. ormin.	to have occurred on the dete stated above, at 11:50P. M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profe kind of SAWYER	work done, BDOKKEE	as SPINNER, PER, etc	Paint	er	Corcurred Induspens moul 193
NO SAWYER 9. Industry or work wa SAW MIII 10. Date decease this occur.	s done, as S LL, BANK,	SILK MILL, etc	11 7444	·····	- Beccuracy
- 61110 0000	pation (mo	nth and	spei	ime (years) nt in this upation	Dther Contributory Causes of importance:
12. BIRTHPLACE (ci		Rohres Md	sville		
当 13. NAME	Jacol	o Long			
	E (city or to	wm) Washi	ngton C	county	Name of operation Date of Date of What test confirmed diagnosis? X May Color Was there an autopsy? WO
15. MAIDEN NA	ME /	lverta	Miller		23. If death was due to external causes (VIOLENCE) fill In also the following:
	E (city or to r country)	own)Wasl	ington Md.	County	Accident, suicide, or homicide?
17. INFDRMANT		Lula Lo			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAT	TIDN, DR Ì	REMOVAL		. 1 , 19 37	Manner of injury
19. UNDERTAKER (Address)		d W. Kra			24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED. /	1.	. /2	Massfr	Powers) Registrar.	(Signed) W. Moreard Jed Jud 4 M. D. (Address) Hogerstan & Mad 4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Julu 5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

TION is very important. See instructions on back of certificate.

TARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	ELGI
County WASHING TON	Registration Dist. No. 302
	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How Jefig In U.S. if of foreign birth?yrsmosds.
2. FULL NAME PITILLIP LUTHER LOW	
(a) Residence: No. TAIRYIEW Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) N. POWER	21. DATE OF DEATH Novam BER 26 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ros∈ RNN	22. November 26, 1937, to November 26, 1937
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 dey,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc FORMER	I last saw h./ M. elive on November 26, 19.37; deeth is said to heve occurred on the dete stated above, at 6.00 P.m.
kind of work done, as SPINNER, FARMER SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month end wear) 12. BIRTHPLACE (city or town) (State or country) PENNA.	Dither Contributory Causes of Importance: ONTERIO BELLEROSIS HYPERTENSION UNINOWN
13. NAME PHILLIP LONG 14. BIRTHPLACE (city or town) COSEYSVILLE (State or country) PENN'A	Name of operation NonE Dete of What test confirmed diagnosis? CHNICAL Was there an autopsy? No
15. MAIDEN NAME HE LEN DRY WALT 16. BIRTHPLACE (city or town) CRSEYYILLE (State or country) PENN'B 17. INFDRMANT EIMER LONG (Address) FAIRVIEW - MD.	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Brond FORDING Ind. Date Nov. 28, 1937	Manner of Injury
19. UNDERTAKER A. K. COFFMAN (Address) HOSERSTOWN Md.	24. Was disease or injury in any wey related to occupation of deceased? No
20. FILED Nov. 27, 1937 Janet Miswander Foltz	(Signed) Cuch's Goker to her M. D. (Address) Clearaprenes Maryland

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Exa	mple I		Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	5 6 1 22	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	3 3400 7 10 0	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DTC 9 1	July 5,1927	Peritonitis	3 days ago
	9	3. 15		
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12251
1. PLACE OF DEATH	93-0
county Mashington	Registration Dist. No. 302
Village or City Deaven Creek	No. St., Ward
Length of rasidanca in city or town where daath occurradmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CYTUS M. Luciy	If U. S. Veteran, specify WAR
(a) Residence: No. The Lawex Creek	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	YMY- 23 1931.
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
50 1011	October 18 1937, 10 Movember 23, 1937
6. DATE OF BIRTH (month, day, and year) 17-10-186	I last saw h alive on Movember 23., 1937.: death Is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to heve occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade explosion or estimate:	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	
. Industry or business in which	Chronic Mysearditis ?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decessed last worked at this occupation (month and	Comment of the second
1 - Shaur in this	
yaar) Tales occupation 70 473	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	
	Anne
Ε 200 .///	7
(State or country)	Neme of operation
	What test confirmed diagnosis? Olime Was there an autopsy? Lo
Ξ	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) 124 27 5 11 11 2 (State or country)	Accidant, suicide, or homicide?
my Curve Lady	(Specify city of town, county and State)
17. INFORMANT 19 19 19 19 19 19 19 19 19 19 19 19 19	Specify whather injury occurred in INDÚSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Place Y My LYSu. Me Mc Oate Y MY 26, 1937.	Neture of injury
19. UNDERTAKER TA- K. Co Siman	24. Wes disease or injury In any way related to occupation of deceased?
(Addrass) QQQXSto yay md	If so, specify
20 FILED 11- 26- 1937 10 Mast Boever &	(Signed) M.D.
Registrar.	(Address) - Maseratown L. May

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	Jane'	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			75.5

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

ARGIN

S. No.

Portersicio

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Example I		Example II The principal cause of death and related causes Date of onset			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BURGAU V. G					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

of infor-uld state OCCUPA-MARGIN RESERVED FOR BINDING

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11	SO	10	
WRITE FLAMELI, WITH UNFADING INK-I HIS IS A FERMANEMI RESEARCH BEEN	in tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O	
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	onle	ma	TION is very important. See instructions on back of certificate.
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ı S	TATE OF	F MARY	/LAND-	CERTIFICATE OF DEATH	14400
1. PLACE OF DEA	гн			82-21	
County Was	un for	Z1391710-80-		Registration Dist. No	302
Village or City	o glist	own		No.143 High St.	9 Ward
Length of residence in ci	ty or town whera dae	th occurred 6	9_yrs1_(mos	death occurred in a horpital or institution, give its NAME instead of street a	and number)
2. FULL NAME	Viola	v. 7	May san	If U. S. Veteran, specify WAR	
(a) Residence: No	145	14191	h st	St., 9 Ward.	
DEDCOMA: AN	D 624 E16E16	(Usual place o		If nonresident give city or town	
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	1
Zemale 1. colo	hite s	or divorced	(write the word)	21. DATE OF DEATH (Month) (Day)	, 193 / (Yaar)
5e. if marriad, widowad, or divo	read				*****
(or) WIFE of	hn 18.	mar	egans	May 6, 137 to Mary	ded daceased from
6. DATE OF BIRTH (month, day	and wass da	0	9868	liast saw h DV aliva on Oct 16 13	2.; daeth is said
7. AGE Yeers	Month	Days	If LESS than	to have occurred on the date stated above, at 9.50 Am.	
40	1)	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
8. Trade, profession, or pa	rticular	, 0	ormin.	were as follows: base hemorrhoge	Date of onset
kind of work dona, SAWYER, BOOKKEE	as SPINNER. 7/	mae no	Re		
9 Industry or business in		n Kon	me		
10. Data deceased last wor this occupetion (mo year)	ked et	11. Total tir	ne (years) t in this		
year)	0.		. 010	Other Contributory Causes of importanca:	100
12. BIRTHPLACE (city or town)	Mare	ganas	relle	Colembeterons	13/1+
(State or country)	10	n'ia.		Jempoga rager	56-3
13. NAME CAN 14. BIRTHPLACE (city or to	ros to	vary	L	24	
4 14. BIRTHPLACE (city or to	wn) Mag	erso	wy.	Nema of oparetion Data of	01
(State of Country)	1	Zn	9	What tast confirmed diegnosis? Wes there	an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or to	sarah	150	in	23. If death was due to external causes (VIOLENCE) fill in elso the follo	wing:
5 16. BIRTHPLACE (city or to	wn) Hag	estor	m	Accident, suicide, or homicide? Date of Injury	, 19
(Steta or country)	200		ma.	Where did injury occur?	
17. INFORMANT Muss (Addrass)	thelm	a ma	ugans	Specify city or town county and Spacify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC	C PLACE.
18. BURIAL, CREMATION, OR I	REPOVAL	WIT OF	4	Mannar of injury	•••••
Placa Hagers	town mg	Date NOV	13,1937	Neture of injury	
1.	11 77	11.	6,80		. 100
19. UNDERTAKER (Address)	alist	Dim	ny pon	24. Wes disease or Injury in any way related to occupation of decaased. If so, specify W. 19.00	pseul
1/-15	120 /5	les 1th	1 north	(Signad) 10 Mouse of Confes	M P
20. FILED. /	192 / 1/	var ju	Registrar,	(Address) No genslown, many	ary

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimote, Requesting U. S. No. 1.

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Example	-11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DEO 6 1007	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage S. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

carefully

tion should be

OF DEATH

LION

FOR BINDING

ARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH No._____St., Ward is occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH	
County Washington	Registration Dist. No.
	NoSt death occurred in a hospital or institution, give its NAME instead of streetds. How long in U.S. if of foreign birth?yrs
	mick If U. S. Veteran, specify WAR
(2) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MOV. 27
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i atte
6. DATE OF BIRTH (month, day, end year) Afril 10 1916 7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	i last saw h alive on, 19_ to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Automobile scrident. Center.
t2. BIRTHPLACE (city or town) Washington Co (State or country) Mayland	Other Contributory Causes of importance: Megliquica on part of
13. NAME John H. Mc Comics (14. BIRTYPLACE (city or town) Washington Co (State or country) Travelland	Name of operation Date What test confirmed diagnosis? Was ther
15. MAIDEN NAME Les lie Brakeall 16. BIRTHPLACE (city or town). Washington Co (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the foil Accident, suicide, or homicide? Describes Date of injury?? Where did injury occur? Mrs Jadians frings Washings.
17. INFORMANT John H Mc Comick (Address) Hancock ma 17 702.	(Specify city of town, county of Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL
Place Place Date Date Date Date Date Date Date Dat	Manner of injury Outervolale resident. Nature of Injury Instant deaths
11 (0011)	24 Mas disease or injury in any way related to assertation of decrees

___ds. How long in U.S. if of foreign birth? _____vrs. ____mos. ____ds. wck If U. S. Veteran, specify WAR_____ MEDICAL CERTIFICATE OF DEATH L DATE OF DEATH I HEREBY CERTIFY. That I attended deceased from

What test confirmed diagnosis?_____ Was there an autopsy?____ 3. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Assident. Date of injury non. 21. 1922.

Where did injury occur? Mrs. Indian Abring two bings on Con Water.

(Specify city of town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?_____

Af more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. O

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DEC 1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(P)	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
MARGIN RESERVED FOR BINDING	HIS IS A PERMANEN	be stated EXACTI	be properly classified.	of certificate.
JARGIN RESERVI	UNFADING INK-T	upplied. AGE should	terms, so that it may	TION is very important. See instructions on back of certificate.
	PLAMLY, WITH	should be carefully su	OF DEATH in plain	very important. See
.1	-WRITE	mation	CAUSE	TION is

V. S. No. 1

County Mashington	Registration Dist. No. 303
Village or City Bug Pool 7006 (If Length of residence In city or town where deeth occurred 715. mos	ND. St., Wast death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. d
2. FULL NAME Mancie Wonne M (a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV. 2/ 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 15, 1937, to Nov. 21, 1933
6. DATE OF BIRTH (month, day, and year) NOV, 15 1937 7. AGE Years Months Deys If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above, at Jm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BDOKKEPER, etc. 9. Ipdustry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed last worked at this occupetion (month end yeer) yeer) 11. Totel time (yeers) spent in this occupetion	Hystardine 8 mo. Justation - IV A at Virth - Helos.
12. BIRTHPLACE (city or town) Workington Co. (Stete or country) Maryland	Other Centributory Causes of Importance:
13. NAME Chas, Mc Lucas 14. BIRTHPLACE (city or town) Sylvan (State or country) Punylvania.	Neme of operation Dete of Whet test confirmed diegnosis? Was there an eulopsyf
15. MAIDEN NAME Calderin Haylor 16. BIRTHPLACE (city or town). Washington Co (State or country) Marylor	23. If death was due to externel causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?
17. INFORMANT Chas, Mc Luly (Address) Rig Fool nil 18. BURIAL, CREMATION, OR REMOVAL	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
Pleco Show Many Cerulyote Nov 22, 1937	Menner of injury
19. UNDERTAKER Suyder - Rowland (Address) Olan Spring Ind	24. Was disease or injury In any way releted to occupation of deceased?
20. FILED MODE, 19. 37 Con Myellary. Registraf.	(Signed) (Address)

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Evamala II

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEC 7 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	1,6			
Other contributory causes of impertance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

1	. PLACE OF	DEATH			(2)
		Washington			Registration Dist. No
		ence in city or town where		(1)	No. Washington County Hos f death occurred in a horpital or institution, give its NAME instead ds. How long In U.S. If of foreign birth?yr
2	. FULL NAM	ME Harry K	. Mumma		If U. S. Veteran, specify WAR
	(a) Residence	e: No. 105 Bros	adway		St., 4 Ward.
-	PERSONA	AL AND STATIST	(Usual place of		If nonresident give city MEDICAL CERTIFICATE OF I
		4. COLOR OR RACE White	5. SINGLE, MARE	tIED, WIDOWED, (write the word)	21. DATE OF DEATH November 8,
	If married, widowed		Maille	u	(Month) (Da
	HUSBAND of (or) WIFE of	Alice C. M	ımma.		22. I HEREBY CERTIEY, That
6. E	DATE OF BIRTH (m	nonth, day, end year) Ma	ay 18, 1	870	I host saw h just alive on Mortunter 8
7. A	AGE Years 67		Days 21	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, et 12:20 P. The PRINCIPAL CAUSE OF DEATH and related causes of Imp were as follows:
OCCUPATION	9. Industry or bu work was d SAW MILL, 10. Date daceased	usiness In which done, as SILK MILL, ,, BANK, etc	Bank Cas		The frostates towny was performed of prestrophy of the prostate glood. Other Contributory Causes of importance:
12.	BIRTHPLACE (city (State or countr	or town)Sharps	sburg	*************	Outros claras of the
ER	13. NAME H	enry C. Mur	nma.		& bram.
FATHER	14. BIRTHPLACE ((city or town) Shar;			Name of operation Shaples County What test confirmed diagnosis?
ER	15. MAIDEN NAMI	E Barbara I	Keedy		23. If death was due to externel causes (VIOLENCE) fill in elso
MOTHER	16. BIRTHPLACE (c	(city or town) Shari	osburg		Accident, suicida, or homicide? Date of In
17.	INFORMANT Mr. (Address)	s. Alice C. Hagerstown	Mumma Md		(Specify city or town, co Specify whether Injury occurred in INDUSTRY, in HOME, or i
18.	BURIAL, CREMATIO		10000000	10, 19 37	Menner of injury
19.	UNDERTAKER F	red W. Kraj			24. Was disaese or Injury in any way related to occupation of d

12256

ton			Registration Dist. No. 302
ers	town, Mo	d(II	No. Washington County Hospistal Ward death occurred in a hospital or institution, give its NAME instead of street and number)
n where	deeth occurred_5(ds. How long In U.S. If of foreign birth?yrsmosds.
y K	. Mumma		If U. S. Veteran, specify WAR
Bro	adway		St., 4 Ward.
ATIST	(Usual place		If nonresident give city or town and State
ACE	S. SINGLE MAR	RRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
ACE.		ED (write the word)	November 8, 1937 • (Month) (Day) (Yaar)
. M	iumma.		22. HEREBY CERTIEX, That t attended daceasad from
er) Ma	ay 18, 1	1870	I host aw h just alive on More wher & 1977; daath is said
onths	Days 21	If LESS than I day,hrs.	to have occurred on the date stated above, et 12:20P. The PRINCIPAL CAUSE OF DEATH and related causes of importance
		ormin.	were as follows:
NER,	Bank Cas	shier	Chroni nephrits 1929
.L,	407 2		(with intima)
	11. Totel t	time (years) ent in this cupation	The prostate tomy was performed for benign hy
ern	sburg		Othar Contributory Causes of importence:
Md			houselynis of fearl 1929
Mu	mma.		a bram.
har Md	psburg		Name of operation Tobbe 200000 Date of Tel 15,1937 What test confirmed diagnosis? Was there an autopsy?
ra I	Keedy		23. If death was due to externel causes (VIOLENCE) fill in elso the following:
	psburg		Accident, suicida, or homicide?Date of Injury19
	Mumma Md		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Md	Date NOV	. 10, 19 37	Menner of injury
Kra:	iss,	1/1	24. Was disaese or Injury in any way related to occupation of deceesed?
76	Made	Heroccy	(Signed) M. D.
	-6"	Registrar.	(Addrass) Staguston, Ma
If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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Example I	i i	Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis a 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

ry item of infor-NS should state at of OCCUPA. MARGIN RESERVED FOR BINDING ANLY, WITH UNFADING INK—THIS IS A PERMANENT R

tem	sho) Jo		
N. BWRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT INCORD. Every item	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of C		
Ev.	ICIA	tem		
ORD	IYS	sta		1
العدر	PI	xact		-
T	Υ.	Ħ		-
KEN	TI	fied.		
MAR	A C	assi		-
ER	EX	y cl	te.	
AF	ted	perl	ifica	
IS	sta	pro	cert	
HIS	be	pe	Jo :	
T	pluo	may	TION is very important. See instructions on back of certificate.	
INK	Sh	t it	no	
DN	AGI	tha	ions	
ADI	d.	3, 50	ruct	
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VRI	tion	VUS	NO	
1	m	C	TI	
I. B				
4				

STA	TE OI	F MARY	YLAND-	CERTIFICATE	OF DEATH	12251
1. PLACE OF DEATH						
County Wash Village or City Hag	ingtor erstov	71100111-0-MIL		No.Washington	Registration Dist. No.	1 3 Ward
Length of rasidance in city or t	own where dea	oth occurred			titution, give its NAME instead of street a if of foreign birth?yrs	
				esIf U. S. Vetera		
				/-	If nonresident give city or town	and State
PERSONAL AND S	TATISTIC	AL PARTIC	CULARS	MEDICAL	CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR White	RACE !		(write the word)	21. DATE OF DEATH	November 2	, 193. 7 (Yaar)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of				22. HEREB	BY CERTIFY, That I often	
6. DATE OF BIRTH (month, day, and	No.	rember -	2 1937.	l last saw h aliva on		: death is said
7. AGE Years	Months	Days	If LESS than	to heve occurred on the dete st	Control of the Contro	
			l day,hrs.	The PRINCIPAL CAUSE OF DE were as follows:	EATH and ralated causes of Importance	Date of onset
8. Trade, profession, or particul kind of work done, as SP SAWYER, BOOKKEEPER, 6		nfant C	hild	\$/2	Oform	Date of onset
9. Industry or business in which work was done, as SILK is SAW MILL, BANK, atc	AILL,				we Term	
Date deceased last worked a this occupation (month an year)	t d		me (years) tin this pation			
12. WINTER MACE (GIT) OF TORRY	agerst Md.	own,	**	Other Coutributory Causes of in	nportanca:	
13. NAME Harry E	. Noke	es				
14. BIRTHPLACE (city or town) (Stata or country)	Bruns Md		~ ~	Name of operation	N-A-1-L Dete of Was there	an autopsyll _U
15. MAIDEN NAME Mau	de Ang	gevine			causes (VIOLENCE) fill in also the follo	
16. BIRTHPLACE (city or town) (State or country)	Frede	rick	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Accident, suicide, or homicide?. Where did injury occur?	Date of injury	, 19
17. INFORMANT Harry (Address) Harrs	E. Nok	es		Specify whether Injury occurred	(Specify city or town, county and d in INDUSTRY, In HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOV	AL		7 70	Manner of injury		
Place Hagerstow	II e INICI e	Date NOV •	0, 1907	Nature of Injury		
	W. Kra stown			24. Was disaase or injury In any If so, spacify	wey ralated to occupation of daceesad	NO
20. FILED // - 3 - , 1937	for	restto	Registrar.	(Signed) (Address)	Legelstu	7 20

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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ji	Example II		
es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
The state of the s	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

stated EXACTLY. PHYSICIANS should state item of infor-Exact statement of OCCUPA-ORD. Every WITH UNFADING INK-THIS IS A PERMANENT RE properly classified. certificate mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be Coo inctre

MARGIN RESERVED FOR BINDING

-WRITE PL

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE (OF	DEAT
---------------------------------	----	------

1. PLACE OF DEATH	(24E)
county Washington	Registration Dist. No. 3 6 2
Village or City Hagerstown	No. 45 East aver 4 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Emma Elizabeth O	ruck If U. S. Veteran, specify WAR
(a) Residence: No. 45 East a	√ €. # Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
temale while married	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of	22, I HER BBY CERTIFY. Thet attended deceased from
(or) WIFE of John Edward.	22. Of HEREBY CERTIFY, Thet I attended deceased from
C DATE OF DIPTH () - 1866	Hast saw h. Ex. alive on Color 18,37; death is said
6. DATE OF BIRTH (month, day, end yeer)	to have occurred on the dete steted above, at 939 m.
7/ / / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
8. Trede, profession, or particular	were as follows:
Kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month end this occupation (month end	Coronary Embolisam
9. Industry or business in which	and the survey of the survey o
work wes done, as SILK MILL, Own Home	
10 Date deceased lest worked et this occupation (month end spent in this	
year) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Hageistown	Choir enril-
(Stete or country) Tud	Chrondow Heball
II 13. NAME Martin M. Gruber	
13. NAME Martin M. Gruber 14. BIRTHPLACE (city or town) Hagerstown (State or country)	Name of operation Dete of
(Stete or country) Md,	Whet test confirmed diegnosis? Wes there en autopsy?
I 15. MAIDEN NAME ann Lavely	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME am Lavely 16. BIRTHPLACE (city or town) Ha gerstown (State or country)	Accident, suicide, or homicide? Date of Injury19
(State or country)	Where did Injury occur?
1 & Orrick	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) & a cerstown ma,	opens, whether many occurred in industry, in nome, or in robert reads.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Hagerstown Dele /20,1937	Neture of Injury
e m liter & los	24. Was disease or injury in eny wey related to occupetion of deceesed?
19. UNDERTAKER (Address)	if so, specify
11 24- 37 186A146h = 1815	(Signed) A Tanx fee M.D.
20. FILED 1 - 19.0 (May) Registrar.	(Address) It agers found The
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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To Stauffer has his dules neived It should E nov. inslead cot and the la

STATE OF MARYLAND—CERTIFICATE OF DEATH

Village or City Britansulle (If d	Registration Dist. No. 307
Village or City Brownsulle (If d	No.
Length of residence in city or town where deeth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
11 1 1 1 1	ds. How long In U.S. If of foreign birth?yrsmosds,
(a) Residence: No. Brownsville Me	of U. S. Veteran, specify WAR
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White, Single (write the word)	21. DATE OF DEATH Torum - [- , 193. 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22 HEREBY CERTIFY. That I attended deceased from 1957, 1050 26, 1957
6. DATE OF BIRTH (month, day, and year) Tele 26. 1936	I last saw h alive on Ott 2 6 , 193); deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 11.30 P.m.
1 8 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Seat If your 10/23/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MiLL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	
10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Brownsulle (State or country) (wash, Co. md:	Other Contributary Causes of importance:
13. NAME Port Potters	
13. NAME Roy Potters 14. BIRTHPLACE (city or town) Samples Manor (State or country) Whele Co. 2004.	Name of operation Dete of What test confirmed diegnosis? Wes there en autopsy?
W 15. MAIDEN NAME TA COM HARALA	23. If death wes due to external causes (VIOLENCE) fill In eiso the following:
16. BIRTHPLACE (city or town) Samples Manon	Accident, sulcide, or homicide?
O 16. BIRTHPLACE (city or town) Samples Manos (State or country) Worsh, Co. Md.	Where did Injury occur?
17. INFORMANT Roy Potters (Address) Brownsule. Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Droumaulle Md Date Nov. 3, 1937	Nature of injury
19. UNDERTAKER (UM) Deust YSoy (Address) Dovustoro Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Now 3 = 1937 Cornelius N. Castle Registrar.	(Signed) National Stream, Jan 10.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I) I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis DEC 3	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		77		82-0
County	Wash	ingtor	1.	Registration Dist. No. 30 2
Village or City Hage			(11	No. 56-1/2 Bloome Ave. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
			yrsmos	ds. How long in U.S. if of foralgn blrth?yrsmosds
2. FULL NAME Howa				If U. S. Veteran, specify WAR World War
(a) Residence: No.	6 1/2	Mloom (Usual piace	s Ave.	St, Ward.
PERSONAL AND ST	ATISTICA	-		If nonresident give city or 10wn and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR R			RIEO, WIOOWED,	21. DATE OF DEATH
Male Color		or Divorced	(write the word)	Nov 2 , 193. 7 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of Net	tie P	uller.		22. A I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and ye	ar) Ma	rely 17	1892	I last saw h a alive on nov [19 3 7 death is sal
	lonths	Days	If LESS than	to have occurred on the date stated above, at
45	7	15	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importanca
8. Trade, profession, or particular kind of work done, as SPIN	INED			Date of onset
SAWYER, BOOKKEEPER, etc		Labor		(°)
9. Industry or business In which work was done, as SILK MI SAW MILL, BANK, atc	LL,			Cerolla delicanty
10. Date deceased last worked at		11. Total ti	me (years)	611000
this occupation (month and yaar)		spen	tin this pation	1 / Clase man pro ca
12. BIRTHPLACE (city or town)	Ber Va	ntonvi	11,	Other Contributory Causes of Importanca:
13. NAME C	harles	Pulle	ir.	
13. NAME C 14. BIRTHPLACE (city or town) (State or country)				Name of operation
1 (otata of country)	Va.			What test confirmed diagnosis? Was there an autopsy?
	Harrie	tt Kir	ng.	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)		a.		Accident, suicide, or homicide? Date of Injury, 19
(State or country)	V	a a		Whare did injury occur? (Specify city or town, county and State)
	e Pull		**	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Shar	nshure	r. Md	Manageria
Placa National C	emeter	No.	7.5.,19.37	Manner of injury
		raiss		24. Was disaase or injury in any way related to occupation of opceased?
	gersto		0	If so, specify
20. FILED 1/-3- 1937	10h	214/	Tocolsa	(Signad) A Q Lee M.
LO, 1 1220 135 135 135	referred-street	1 - Laly W.	Registrar.	(Address) / Company Company
	If more blank	ks are needed, a	ddress State Registrar,	2411 N. Charles Street, Bakunore, Requesting U. S. No. 1.

V. S. No. 1

WRITE PL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Brery item of infor-Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. partion should be carefully supplied. AGE should be

FOR BINDING

MARGIN RESERVED

STATE OF MAI	RYLAND-	CERTIFICATE OF DEATH	4401
1. PLACE OF DEATH .		820	
County Washington		Registration Dist. No.	
Village or City Right gold	(I	NOSt.,St.,St.,St.	Ward
Length of residance in city or town where death occurred	yrs,mos	sds. How long in U.S. if of foreign blrth?yrsmo	osds.
2. FULL NAME MARY A.	NEELH	FR	
(a) Residence: No.		St., Ward.	
	ace of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH	
5 Must F OR DIVOR	ARRIED, WIOOWED, CED (write the word)	21. DATE OF DEATH Nov 26 (Month) (Day)	, 193 // (Vear)
5e. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	1	22. HEREBY CERTLEY, That I attended	-
01.0	18 1818	190 , to 100 LO	, 197./
6. DATE OF BIRTH (month, day, and year)	20,1060	l last saw h la alive on 1955	; death is said
7. AGE Years Months Days	If LESS than I day,hrs.	to have occurred on the data stated above, 3.3.2.2.m. The PRINCIPAL CAUSE OF DEATH and rainted causes of importance	
67 6 22	ormin.	were as follows:	Date of onset
8. Trade, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	ewysk	Cerebral Hemanley	2_
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc		1	
11. Toto this occupation (month and	al time (years) spent in this		
12. BERTHPLACE (city or town) Frederick	Co,	Othar Coutributory Causes of Importanca:	-
(State or country)	•		
13. NAME John C. Pry	רעש		
14. BIRTHPLACE (city of town) (State or country)	flavol	Nama of oparation	utopsy? T.C
15. MAIDEN NAME Lane 15.	harlf	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	ud/0	Accident, suicide, or homicida? Date of Injury	
17. INFORMANT W. C. Relache	~	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
(Addrass) 18. BURIAL, CREMATION, OR REMOVAL	, , , ,		
Placa WAYNESBOR J Data M	00 22,37	Manner of Injury	
19. UNDERTAKER Church 15. Min (Addrass)	full Pa	24. Was disease or Injury In any way related to occupation of dacaased?	no
20. FILEO 22 UT 22 1937 Son 1/2	Ferguson	If so, spacify (Signad) Signad	M. 0
la Company of the Com	Registrar.	(Attorass) / augusto la	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes		
of importance were as follows:	Date of onset	
Attack of epilepsy	1 wcck ago	
Run over by street car .	1 week ago	
Perilonilis	3 days ago	
Other contributory causes of importance:		
Gastroenteritis	1 year	
	Run over by street car Peritonitis Other contributory causes of importance:	

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(942)
county Washington	Registration Dist. No. 302
Village or City TG Q CYS TO WO -	No 901 Carbott a 3 Wood
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmo	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME MYS Mary Ellen Ma	id If U. S. Veteran, specify WAR
(a) Residence: No. Fair u:	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWEO.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	TW 11
5a If married wildowed or divorced	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
Josiah.	nov 11 ,1937, to nov 11 ,1987
6. DATE OF BIRTH (month, day, end yeer) - 494-1854	I last saw he alive on how 1, 193 7; death is sain
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
83 3 7 1 day,hrs.	meta as follows.
8. Trede, profession, or particular kind of work done as SPINNED	Oate of onset
kind of work done, as SPINNER + Duse w: 5 =	Coronaga Contolieri
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
3 10 64 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
10. Date deceased last worked at this occupation (month and year) 11. 11. Total time (years) spent in this adjusted to the company occupation occupation.	
12. BIRTHPLACE (city or town) W: 11; aus part	Other Contributory Causes of Importance:
(State or country) M 4	arlesso telesses
13. NAME M: Charl Gowers	
13. NAME YN: Chad Source 14. BIRTHPLACE (city or town) De aven Crude	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LOWISE Rows	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME LOUIS Rowe 16. BIRTHPLACE (city or town) Bours will	Accident, suicide, or homicide? Date of Injury 19
(State or country)	Where did injury occur?
17. INFORMANT J. R. chay Reid	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) +a: vui eu m d	
18. BURIAL CREMATION, OR REMOVAL TO A COMPANY AND A COMPAN	Manner of injury
Piles Tad Fording Oete 101 /T, 1931	Nature of Injury
19. UNOERTAKER 9-15. Co S-S-man	24. Wes disease or injury in any way related to occupation of deceased?
(Address) + Geer stoury and	If so, specify
20, FILEO 1/- 13-1937 CHRIFTBEECEN	(Signed) and I auffer M. O
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

21.61.20

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example 1	1	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 6 1937	July 5,1927	Peritonitis	3 days ago	
3	PHREADIV. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gollstones		May 1,1923	Gastroenteritis	1 year	
				Parallel III	

D. Every item of infor-	SICIANS should state	tatement of OCCUPA-	
MANENT RECOR	ACTLY. PHY	lassified. Exact s	
IIIS IS A PER	be stated EX	be properly cl	of certificate.
UNFADING INK-T	supplied. AGE should	n terms, so that it may	ee instructions on back
WRITE PEAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE	OF	MADVI	AND-	CEDTIEIC	ATE	OF	DEAT	rLI
SIAIE	UF	MARYL	-UNA	CERTIFIC	AIL	UF	DEAL	

1. PLACE O		OF MARYLAND—	CERTIFICATE OF DEATH	2263
County	Washington		Registration Dist. No. 3	02
Village or	city Broadfo	rding, Md.	No. Farm of Charles Hyde St., death occurred in a hospital or institution, give its NAME instead of street and number of the street and number of	Ward
2. FULL NA (a) Residen		arl Russel son Hotel	If U. S. Veteran, specify WAR	
PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR. DIVORCED (write the word)	21. DATE OF DEATH November 16, (Month) (Dey)	193 7 a (Yeer)
5a. If married, widow HUSBAND of (or) WIFE of	wed, or divorced		22. I HEREBY CERTIFY, Thet I attended d	eceesed from
7. AGE Ye	(month, day, end yeer) Coers Months	Deys If LESS than 1 dey,hrs.	to heve occurred on the dete steted ebove, etm. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows:	
kind of SAWYER	ession, or perticular work done, as SPINNER, R, BDOKKEEPER, etc business in which	Hotel Clerk		
work we	es done, es SILK MILL, ILL, BANK, etc			
- (1113 000)	sed lest worked et upetion (month end	11. Total time (yeers) spent in this occupation		
12. BIRTHPLACE (c (State or cou	,,	togerstour med.	Other Contributory Causes of importence:	
₩ 13. NAME	D. Paul Rus	sel		
I 14. BIRTHPLAC	E (city or town) Wayn		Neme of operetion Dete of What test confirmed diegnosis? Wes there en au	
H 15. MAIDEN NA	AME Rebecca	Ann Lout (Lout)	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following:	

Hagerstown Md. MO 16. BIRTHPLACE (city or town) (Stete or country)

Frank Russel Hagerstown, (Address) 18. BURIAL, CREMATION, OR REMOVAL

Plece Hagerstown, Md.Dete Nov.

Registrar.

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example 1	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitut nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
DEC 6 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA. B WRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT RI AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. JARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. hation should be carefully supplied.

STATE OF MARYLA	ND-CERTIFICA	ATE	OF	DEATH
-----------------	--------------	-----	----	-------

STATE OF MARTEAND	CLITITICATE OF BEATTI
1. PLACE OF DEATH	93-70
county/Kashinglow	Registration Dist. No. 302
Village or City Facility College	No. 311 11 Soughthung 5 Ward
7 s (if	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occorde 2_Q_yrsmos	ds. How long in U.S. of foreign birth?rsmosds.
2. FULL NAME tellee Saunde	If U. S. Veteran, specify WAR
(a) Residence: No. 311 2 Sociather	St., S Ward.
(Vusual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Colored 5. Single, MARRIED, WIDOWED, ORDIVORCED Capric tha word)	21. DATE OF DEATH 25 (Month) (Day) (Year)
5a. If married, widowed, at divorced HUSBAND of	22. I HEREBY CERTIFY. That I attanded daceased from
(or) WIFE of Late / Den Sameler	2 Mar 1 1077 Mar 25 10 37
2. + William	Hast saw har alive on how. 23 1927; death is said
6. DATE OF BIRTH (month, day, and year) ZAGE/ Years Months Days If LESS then	to have occurred on the date stated above, at 21 a. m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trade, profession, or particular	were as follows:
Kind of work dona, as SPINNER, Joese Wall	
9 Industry or business in which	of Mywcardi how til
work was dona, as SILK MILL, SAW MILL, BANK, etc	six mentle a Que &
10. Data daceased last worked at this occupation (month and this occupation	
year) Cocapation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) & Clears proling	16.4
(State or country)	A Hyperhophy
13. NAME Blu Sauders	allalation
13. NAME Deu Sainales 14. BIRTHPLACE (city or town). Wares Carel	Nama of operation Date of
(State of County)	What test confirmed diagnosis? Was there an aulopsy?
WHENDOE NAME / CILL DEVI	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city of town)	Accidant, suicida, or homicide? Date of Injury, 19
X (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sallies Jameder	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 405 / Otomas	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Classification 19-2.	Nature of Injury
19. UNDERTAKER Smiles lawell	24 Was disease or injury in any way related to occupation of deceased?
(Address) Bagera Loura (1	Oso, specify
20. FILED //- 27-1937 (Walt / Bace	(Signed) M. D. M. D.
Registrar.	(Address) 2 43 M. Youachan

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	- 1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	948
County Washington	Registration Dist. No. 302
Village or City + Call 75 to un	No. 541 Saleu Ave St., 5 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
1211 6 14	and the second s
2. FULL NAME harles rowell shry	If U. S. Veteran, specify WAR
(a) Residence: No. 54\ Saveture (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
5e. If married, widowed, or divorced	(month) (bay) (rear)
HUSBAND of (or) WIFE of	22. I HEREBY CERT I FY, That I attended deceased from
E DATE OF BOTH (most) down and most 72 14 (14-1870)	I lest saw h / by alive on ADV: 15 19 3 2: death is seid
6. DATE OF BIKITI (Molitil, dey, and yaer)	I lest saw h
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importanca
8. Trade, profession, or particular	were as follows:
SAWYER, BOOKKEEPER, etc. Carpenter	Communitarios (1/1/3)
R Industry or business in which	1
kind of work done, as SPINNER, Corpenter SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decessad last worked at this occupation (month end	
year) 1157.17.37 occupation 204.75	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) Qy Drstown	
(State or country)	
13. NAME JOHN Shry	
13. NAME John Shry 14. BIRTHPLACE (city or town) Taylors town (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Nar Tha Cordell 16. BIRTHPLACE (city or town) Taylors town	23. If death was due to external ceusas (VIOLENCE) fill in asso the following:
16. BIRTHPLACE (city or town) LagIDYS Town (State or country)	Accident, suicide, or homicide?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Where did injury occur? (Specify city or town, county and State) Specify whathar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) + 0 0 exstaring made	Specify whathar injury occurred in INDOSTRY, in nome, of in Poblic Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place tagerstown. Date nor. 18, 1937.	Nature of Injury
I KO CC	24. Was disease or injury in any way ralated to occupation of decaasad? 200.
19. UNDERTAKER (7-11-0) 25 may	If so, specify
11 17- 37 646 1H 2 merens.	(Signad) Maly & Mishman M.D.
20. FILED_[/, 19 3 L	(Address) Hogsstown Will

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 3 307	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The space of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 12266

98-0	
Registration Dist. No. 30	2
No. 6/8 Potomac and	W 4 Ward
death occurred in a hospital or institution, give its NAME instead of street and h	umber)
ds. How long In U.S. If of foreign birth?yrsmo	sds.
org If U. S. Veteran, specify WAR.	
ws. & Hward.	
If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH 30 (Month) (Day)	, 193 (ear)
22. I HEREBY CERTIFY, That I attended to the state of the	193.7
I last saw here alive on 100 30 1937	; death is said
to heve occurred on the date steted above, at 4.112m.	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
	Date of enset
acute Coronery seelusion	
Other Contributory Causes of Importance:	/
My cardelis, chemin.	
Neme of operation	
What test confirmed diagnosis? Was there an ar	
23. If death was due to external causes (VIOLENCE) fill in elso the following.	
Accident, suicide, or homicide? Date of Injury	, 19
Where did Injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	:)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
Manner of injury	
Neture of Injury	
24. Wes disease or injury In any way related to occupation of deceased?	***********
If so, specify (Signed)	4
)M. D.
(Address) Hagen Joseph)	4/-

V. S. No. 1

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related eauses Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

V. S. No. 1

Registration Dist. No.	02
No. / 139 / Nigle! St.	5 Ward
death occurred in a horpital of institution, give its NAME instead of street and i	number)
ds. Hew long in U.S. Tot foreign birth?yrsme	osds.
II U.S. Veteran, specify WAR	****
St., Ward. If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	
Month) (Day)	, 1937 / (Year)
22. I HEREBY CERTIFY, That I ettended	deceased from
, 19, to	, 19
I last saw h, 19,	; death is said
to have occurred on the dete stated above, at 6 m	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
1000	Date of onset
Jet Voru	
Pause - len cuolin	
Othar Contributory Causes of Importance:	
Cital Ostalisatory Caste of Importances	- HIL
Neme of operation Dete of	
What tast confirmed diagnosis? Was there an a	utaneu?
23. If daath wes due to axternal causes (VIOL ENCE) fill In elso the following	
Accidant, suicide, or homicida? Date of Injury	
Where did Injury occur?	, 19
(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PL/	e)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE,
Manner of injury	
Natura of Injury	
24. Was disease or injury In any way ralated to occupation of deceasad?	
If so, specify	
(Signad)	
(Addrass) /tegenstown on d	2

Registrar.

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Example I	- 3	Example II	
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Arteriosclerosis Di	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Ballet V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Addition of the Laboratory		

MARGIN RESERVED FOR BINDING

WRITE P

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(J3J)
County Mashing tone	Registration Dist. No. 316
Village or City A Seldysville	ND. St. Wi
Length of residence In city or town, where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number) 6ds. How long in U.S. If of foreign birth?
2. FULL NAME (And Land 10. San	and et U. S. Veteran, specify WAR
(a) Residence: No. 1 & section willer	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Pear) (Vear)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of mattle Enduarely	22. HEREBY CERTIFY. That I attended deceased 1 22. 1931, to hot 3, 193
DATE OF BIRTH (month, day, and year) April 3,1867	I lost saw h./ Al. alive on how 3 1957 ; death Is
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
6 2/ ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	agelio Vaseulas Renal
and the state of t	detect = Hyperturion
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
D. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Dibas Cartifular Comments
2. BIRTHPLACE (city or town) State Or country)	Dther Contributory Causes of Importance:
13. NAME (to fin / + our andle)	
14. BIRTHPLACE (city or town) - flangfully	Name of operation hove a Date of Live
(State or country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city optown) Alaski - Duruth	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city of town) / Masher & Oliver	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did Injury occur?
7. INFORMANT / MOS/MOS/MOS/MOS/MOS/MOS/MOS/MOS/MOS/MOS/	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL MAIN	Manner of injury
Place Sillar Beburg Date 1/17- 6, 19131	Nature of injury
9. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?
10. Fuldow 5th 12 12 Neeting	(Signed)
Registryt.	(Address)

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Chronic interstitial nephritis DFC 4 1907	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NEALLV, S.			E HELL	
The symptom of the symptoms of	1			
Other contributory causes of importance:		Other contributory causes of importance:	(East)	
Gallstones	May 1,1923	Gustroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

12. BIRTHPLACE (city or town)

15. MAIDEN NAME.

19. UNDERTAKER

(Address)

FATHER

MOTHER

AUSE

S. No. 1

(State or country)

14. BIRTHPLACE (city or town) __ (State or country)

16, BIRTHPLACE (city or town) (Stete or country)

18, BURIAL, CREMATION, OR REMOVAL

Marshall

state

OCCUPAshould

	OF DEAT	гн	JF MAR	TLAND—	CERTIFICATE OF DEA	ATH 1226: 302
Village		aversto	The Real of	(If L5_yrsmos	NoWashington County death occurred in a hospital or institution, give its NAM ds. How long in U.S. If of foreign birth?	Hospital, 1 9 Ward 1E instead of street and number)
		alter F 215 Jam			St., St., Ward.	t give city or town and State
PERS	ONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICAT	E OF DEATH
Male		r or race ite		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Novembe	er 24, 193 7. (Day) (Year)
5e. If merried, N HUSBAND (or) WIFE	of C	ada Sta	nton		22. NOV: 19 137.6	Y. That I ettended deceased from
6. DATE OF BI	RTH (month, de	y, and year) OC	tober 8	3, 1884	I last saw hemselive on nor.	2 4 1937 : death is said
7. AGE	Years 53	Months 1	Deys 16	If LESS then I day,hrs. ormin.	to heve occurred on the date stated above, et	50P m.
E SAV	profession, or pa d of work done, VYER, BOOKKEE	as SPINNER, PER, etc	Laborer	1		
9 Industr	y or business In k wes done, es S V MILL, BANK, e	SILK MILL.			Mennigstes	/

Name of operation__ ----- Wes there an autopsy?___ What test confirmed diegnosis?_

23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?_____

Where did Injury occur? (Specify city or town, county end State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE

Manner of injury

Neture of injury

Other Coutributory Causes of importence:

If so, specify (Signed

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

occupation _____

Virginia

Va

Unknown

Sada Stanton

Place Hagerstown. Md. Date Nov. 26. 19 37

Hagerstown.

Hagerstown - Md

Stanton

Unknown

Gregory

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 6 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
E READ V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

Registrar.

(Year)

Date of onset

(Day)

(Address) If more blanks are needed, address State Registrar, 241 Notherles Street, Baltimore, Requesting V. S. No.

Muller

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of coset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

V. S. No. 1

0	T	SC	
H	ho	0	1
ite	U)	jo	1
RD. Every	IYSICIANS	statement	
RECO	PE.	Exact	
RMANENT	XACTLY	classified.	
IS A PE	stated E	properly	certificate
IIS	pe	pe	Jo
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	ION is very important. See instructions on back of certificate.
TH 1	ly su	lain 1	See
FE PLAINLY, WI	should be careful	E OF DEATH in p	is very important.
H	E	20	1-30

TO A COLOR DE LA C	TE O	F MARY	LAND-	CERTIFICATE OF DEATH 12271	
1. PLACE OF DEATH County Wash	me to	u.		Registration Dist. No. 3 02	
Village or City X La	of La	tersbu	y med	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)	
Length of residence in city or	town where de	there	yrs. mos		
(a) Residence: No	gar	(Usual place of	abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND	TATISTIC	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
Female Shi	RACE	5. SINGLE, MARR OR DIVORGED	(write the word)	21. DATE OF DEATH ASK (Month) (Dey) (Yeer)	
5a. II married, widowed, or divorced HUSBAND of Cor) WIFE of	STA	oufe.		22. I HEREBY CERTIFY, That I attended decassad Irom 1937 to Par 15, 1937.	
6. DATE OF BIRTH (month, day, end	yaar)			I last saw he 2 alive on New 25, 1937; death is said	
7. AGE Years 75	Months 9	Days	II LESS than I day,hrs. ormin.	to heve occurred on the date stated above, et. 5.130 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particu kind of work dona, as S SAWYER, BOOKKEEPER, 9 Industry or business in whit work was done, as SILK SAW MILL, BANK, etc	PINNER, atc	11. Total tim	a (yaars)	were as follows: Hyportanaurie Kart Disease [1930]	
12. BIRTHPLACE (city or town) (State or country)	man	forver	no ouch	Other Coatributory Causes of Importance: Larelinal of Interior sciences, 19 38.	
13. NAME OZONE 14. BIRTHDLACE (city or town) (State or country)	Gas	mary f	<u></u>	Neme of operation	
15. MAIDEN NAME San 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	bara;	roufe	(es	23. Il death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
18. BURIAL, CREMATION, OR REMOVE	sravy	Data Sov	29. 19.37	Manner ol Injury	
19. UNDERTAKER (Address)	ilabe	Hoov	es ul	24. Was discess or injury in eny way releted to occupation of decessed? The	
20. FILED \$100-Q. 6, 19.3.	WA	3 heurs	Registrar.	(Signed) Denneth E' Seynalde I M. D. (Address) Warnestand Jennes	
	If more bla	inks are needed, add	dress State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.	

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Example Lawrence and the second	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 050 6 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	15
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

-WRITE

B

should state of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	1. PLACE OF DEATH				<u> </u>
	County Wa.	shingto	on	100	Registration Dist. No. 302
	Village or City Ha	gersto	wn , Wa		n Gounty Hospital St., 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or to	wn where death	occurred		ds. How long in U.S. if of foreign birth?yrsmosds.
2	2. FULL NAME Chi	ld of \	Willia:	n Vulgam	ott. If U. S. Veteran, specify WAR
	(a) Residence: No. 122	S. For	undry		St., 2 Ward.
-	PERCONAL AND CO	ATICTICA	(Usualplace of		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3	PERSONAL AND ST			IED, WIDOWED,	21. DATE OF DEATH
7	Emale White			(write the word)	Nov 28 , 193 7 (Month) (Dey) (Year)
5a.	. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That Vattended deceased from
-	DATE OF BIRTH (month, day, and y	ear) hov	28,1	937	I last saw h
7		Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, etm.
	Still born.			ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NOL	8. Trade, profession, or particula kind of work done, as SPI SAWYER, BOOKKEEPER, et	NNER,		***************************************	fillon
CCUPATION	9. Industry or business in which work was done, es SILK M SAW MILL, BANK, etc	ILL.			(Drus)
Ö	Date deceased last worked et this occupetion (month and year)		11. Total timespend	ne (years) in this pation	
12.	BIRTHPLACE (city or town)	Haers	town,		Other Contributory Cases of importance:
2	13. NAME Wil:	liam Vo	1gamo	tt.	
FATHER	14. BIRTHPLACE (city or town) (State or country)		erstown		Name of operation Date of Date
2	15. MAIDEN NAME	Doris	Bird		Whet test confirmed diagnosis? Was there an autopsystem Was there are autopsystem.
OTHE	16. BIRTHPLACE (city or town)	Hage	rstown		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17.	(State or country) M(INFORMANT William (Address) Hager	n Vulga	amott.		Where did injury occur?
18.	Burial, CREMATION, OR REMOVA	AL.	ate Nov	30.,1937	Menner of Injury
19		d W. Ki		Λ	24. Was disease or injury In any way releted to occupation of deceased?
20.	FILED (1-29-, 193)	////	este	SOCULI Registrar.	(Signed) M. D. (Address) Tay
-		If more blank	s are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DEC 6 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

12. BIRTHPLACE (city or town)

15. MAIDEN NAME

(Address)

19. UNDERTAKER

13. NAME

MOTHER

LION

(State or country)

14. BIRTHPLACE (city or town)

(State or country)

16. BIRTHPLACE (city or town). (State or country)

18. BURIAL, CREMATION, OR REMOVAL

BINDING

RESERVED

MARGIN

Name of operation What tast confirmed diagnosis?__ 23. If death was due to external causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide?_____ Date of injury_____ 19

Where did injury occur?____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury.

24. Was disease or injury in eny wey related to occupation of dacaased?____ If so, spacify _____

Other Contributory Causes of importanca:

(Addrass) Yazerstown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

occupation

Washington County

Date Nov. 29 1937

Wavnesboro

Md

Wavnesboro

Nora Lizer

Hagerstown. Md

Pa.

Frank Walters

17. INFORMANT Mrs. Nora James.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II		
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Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 6 1937	July 5,1927	Peritonitis	3 days ago	
	pre les				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

	-CERTIFICATE OF DEATH 12274
1. PLACE OF DEATH	314
County Wagnington	Registration Dist. No. COT
Village or City franco (K. J.C.	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residenca In city or town where death occurredyrs,	mosds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Stanly & Wel	Let If U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR BACE OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Pay)
a. If married, widowad, or divorcad HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
~ X 3 103	7 last sawharm allva on // - 4 - 3 7, 19 ; death is sald
DATE OF BIRTH (month, day, and year)	La cy-Han
1 dey,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade profession or perticular	were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	Iste timbliancher
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacased last worked et his occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc	
yaar) occupation occupation	Other Contributory Causes of Importanca:
2. BIRTHPLACE (city or town)	
13. NAME Sand Weller 14. BIRTHPLACE (CRY or town) Washington C	
(State or country)	Name of operation Date of
The state of the s	What test confirmed diagnosis? Was there an autopsy?
211 1 2	23. If death was due to external causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
7. INFORMANT ENGAL & Welfer (Addrass)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manage of Injury
Place Stone Bridg Camel Date VID 1, 19.	Manner of injury
Sulde Roulland	24. Was diseesa or injury In any way related to occupation of deceasad?
19. UNDERTAKER THE CANADA AND THE CONTROL OF THE CO	If so, specify
11/1 37 4 (In. 1)	(Signad) Moutlet M.
20. FILED J. J. G. 19.7 P. Registre	(Address) · I have als Mis

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	1 week ago 3 days ago
DLV V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		b.	

hation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDI TION is very important. See instructions on back of certificate. MARGIN RESERVED

W

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF PEATH	(95F)
County Mashington	Registration Dist. No. 316
Village or City Kradystville Md	NoSt,Ward
Length of residence in city or town whera daath occurred 20 yrs 9 mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of loreign birth?
	A STATE OF THE STA
2. POLE NAME (C)OPOLO)	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR ON RACE OR DIVORCED (write the word)	21. DATE OF DEATH // 9 193 7
5a. II marriad, widowad, or divorced has a mission	(Month) (Day) (Year)
5a. Il marriad, widowad, or divorced married HUSBAND of (or) WIFE of Rose My and	1, HEREBY CERTIFY, That I attended daceased Irom
6. DATE OF BIRTH (month, day, and year)	I last saw h aliva on, 19; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at7_23Am.
51 / 28 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as Iollows:
8. Trade, prolession, or particular kind of work dona as SPINNER	Rand Of Party of
kind of work dona, as SPINNER, Machinel SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Lied Swording affaire ly
work was done, as SILK MILL, SAW MILL, BANK, etc.	from gente bajars
kind of work dona, as SPINNER, Machinel SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	factive day he
year) occupation contains	Object to Company to the Company to
12. BIRTHPLACE (city or town) Karanys ville	Other Contributory Causes of importance:
(Stata or contry) Wash City Mid	Signed by plesmission !
14. BIRTHPLACE (city or town) Thanks wills	Myrould.
14. BIRTHPLACE (city or town) Charles will	Name of operation
(State of country) / Tacks C.O.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susan Hoffman 16. BIRTHPLACE (city or town) TXAAAyshalle	23. If death was due to external causes (VIOLENCE) filt in also the Iollowing:
[State or country]	Accident, suicide, or homicide?, 19, 19, 19
Day With of	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Kandul ville M.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Many Date 1 1 1937	Nature of Injury
19. UNDERTAKER CONSTRUCTION OF FORDING SOUTH AND A CONTROL OF THE	24. Was disease or injury in any way related to occupation of deceased? 200
20 FILED LOW 18th 1931 10 A Heeting	(Signad) Wally John M. D.
Registrar.	(Address) V May 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
a) more vientes are necueu, address state Registrar,	2411 IV. Chanes Street, Dailmore, Requesting 'U. S. IVO. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis - FIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 4 1997	July 5,1927	Peritonitis	3 days ago
WIREAU V.	S		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year